

ANSI ASC X12 837v4010A1 Inpatient Data Specifications Change Log

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
03/16/2005	all	NA	NA	NA	NA	Fixed erroneous duplication of segments and elements.
01/21/2005	all	NA	NA	NA	NA	Reformatted document in its entirety.
01/21/2005	42	2300	PWK01	Claim Supplemental Information	Attachment Report Type Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	42	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	42	2300	PWK05	Claim Supplemental Information	Identification Code Qualifier	Added PWK segment to link attachments with electronic claims.
01/21/2005	42	2300	PWK06	Claim Supplemental Information	Attachment Control Number	Added PWK segment to link attachments with electronic claims.
01/21/2005	52	2300	NTE	Billing Note	Note Reference Code	Added clarifying language for use of the NTE segments.

The page numbers for the following changes are based on the previous format. They do not apply to the current format of the specifications.

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	1	2300	CLM02	Claim Information	Total Claim Charge Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	1	2300	CLM05-1	Claim Information	Facility Type	Added clarifying language on where to find code values.
12/15/2003	1	2300	CLM05-3	Claim Information	Claim Frequency Code	Added clarifying language on where to find code values and removed the value of "1" from the specifications since Medi-Cal accepts more than just the "1".
12/15/2003	2	2300	CLM19	Claim Information		Added 'Not Used' field.
12/15/2003	2	2300	CLM20	Claim Information	Delay Reason Code	Corrected Min/Max length value.
12/15/2003	3	2300	DTP02	Statement Dates	Statement Date Qualifier	Added clarifying language that no spaces are allowed when submitting from/thru dates.
12/15/2003	4	2300	CL101	Institutional Claim Code	Admit Date	Added clarifying language.
12/15/2003	4	2300	CL102	Institutional Claim Code	Admit Source	Added clarifying language.
12/15/2003	4	2300	CL103	Institutional Claim Code	Patient Status	Added clarifying language.
12/15/2003	4	2300	AMT	Payer Estimated Amount Due		Added segment note.
12/15/2003	4	2300	AMT02	Payer Estimated Amount Due	Estimated Claim Due Amount	Added clarifying language about how this data is reported on the CMC error reports and changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	5	2300	AMT02	Patient Paid Amount	Patient Amount Paid	Edited for typo and changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	5	2300	REF01	Reference Number Qualifier Data Element Separator	Qualifier	Corrected qualifier from GI to G1.
12/15/2003	6	2300	NTE	Claim Note		Changed clarifying language.
12/15/2003	6-7	2300	NTE	Billing Note		Changed clarifying language.

ANSI ASC X12 837v4010A1 Inpatient Data Specifications

Change Log (Continued)

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	7	2300	HI02	Principal, Admitting, E-code and Patient Reason for Visit Diagnosis Information	Admitting Diagnosis (Composite)	Removed bolding because Medi-Cal does not capture this information for processing.
12/15/2003	8	2300	HI01	Principal Procedure Information	Procedure Code (composite)	Added composite name.
12/15/2003	8	2300	HI01-03	Principal Procedure Information	Date Time Period Format Qualifier	Removed comment.
12/15/2003	8	2300	HI01-04	Principal Procedure Information	Date Time Period	Added comment.